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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	09/910,520-Conf. #2097
		Filing Date	July 20, 2001
		First Named Inventor	Samuel Farchione
		Art Unit	3714
		Examiner Name	K. M. Mosser
Total Number of Pages in This Submission	15	Attorney Docket Number	FSP-10002/08

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; width: 150px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.		
Signature			
Printed name	Mark D. Schneider		
Date	March 31, 2008	Reg. No.	43,906

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. FSP-10002/08	
Application No. 09/910,520-Conf. #2097		Filing Date July 20, 2001		Examiner K. M. Mosser	
Art Unit 3714					
Applicant(s): Samuel Farchione					
Invention: METHOD FOR DETERMINING PROPER COLOR FOR MAKEUP AND CLOTHING					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	33	- 43 =	0	x 25.00	0.00
<b>Independent Claims</b>	4	- 4 =	0	x 105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Large Entity</span> <span><input checked="" type="checkbox"/> Small Entity</span> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.            A duplicate copy of this sheet is enclosed.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u>            as described below. A duplicate copy of this sheet is enclosed.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.         </div>					
Mark D. Schneider Attorney/Agent Reg. No.: 43,906				Dated: <u>March 31, 2008</u>	
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